



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

4th-6th YOUTH BASKETBALL Fayette County Family YMCA



Registration November 28- December 30, 2022

You can register at the YMCA front desk

Our focus on youth development provides an environment that will help each child build relationships, improve self-esteem, and build character. Our staff and volunteers focus on teaching the fundamentals to increase skill level or assist players learning the game for the first time. **EVERYONE PLAYS, EVERYONE WINS!**

***Expect to hear from a coach or YMCA staff after coaches meeting January 4. Rosters and game schedules will be posted on website**

Grades: K-6th

Fees: \$20 with Youth Membership \$45 non-members

FREE Sports*** Single Parent/Family Memberships**

Jersey: \$16 these will be used for every youth sport

Dates: January 9- February 25

Days: Practices throughout the week depending on coach, games Saturday mornings

Times: First practices time will be at 5:30pm with others to follow depending on the number of teams and when coaches select times

Coaches meeting January 4

BECOME A COACH!
Volunteers who are interested in helping as coaches or assistant coaches should indicate on registration form. Coaches will receive a phone call to confirm acceptance and receive details. You will also receive help running practices as needed.
CONTACT: Kenny Upthegrove

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Fayette County Family YMCA Youth Basketball 2023 4-6

Please register online or in-person at the Y—100 Civic Dr., WCH, OH OR MAIL TO ADDRESS BELOW

Participants Name: _____ Male _____ Female _____

Birth date _____ Age _____ Grade _____

Address _____ City _____

ZIP: _____ Phone # _____

YMCA Member (YES) / (NO) Membership Type: _____

Name of Parent or Guardian _____

Would either Parent/Guardian be interested in helping COACH? _____

IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE AND RELEASE ALL RIGHTS FOR CLAIMS AND DAMAGES I MIGHT HAVE AGAINST THE FAYETTE COUNTY FAMILY YMCA, SPONSORS, AND ALL RELATED PARTIES FOR ANY AND ALL INJURY OR DAMAGE RESULTING FROM PARTICIPATING IN THE ABOVE EVENT. I AM IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN THIS EVENT.

Parent Signature _____ DATE: _____

Mission: To put Christian Principles into practice through programs that build a healthy sprit, mind, body for All
Fayette County Family YMCA P.O. BOX 1021 Washington C.H., Ohio 43160 (740)335-0477

www.faycoymca.org

